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**ISSN 0189-6016©2007****KARANGA TRADITIONAL MEDICINE AND HEALING****Tabona Shoko**

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**E-mail: [shokotab@yahoo.com](mailto:shokotab@yahoo.com)****Abstract**

In this paper we present the Karanga traditional system of therapy of illness and disease manifest in the treatments administered by the medical practitioners. In order to establish the traditional system of therapy of illness and disease, numerous interviews were carried out with healers, herbalists and elders in the field area. This enabled a systematic compilation of cases. There was also the pressing need to be present at rituals and instances where healing was effected and to observe therapeutic processes.

**Introduction**

In order to understand the Karanga system of therapy, it is imperative that we provide a brief background of the people and method of study. Then the treatment of illness and disease with medicinal plants will be discussed. Finally an interpretation of my findings will be made.

**The Karanga**

The Karanga are a group of Shona speaking people in the southern part of Zimbabwe. The Shona dialectical groups comprise the Zezuru, in the central part of the country, the Korekore in the North, the Karanga in the south, Manyika in the east, the Ndau in the south-east and the Kalanga in the south-west (Bourdillon, 1976). Most of the Karangas live in the Mberengwa district in the Midlands Province. But there are several other groups in the neighboring Zvishavane and Shurugwi districts in the Midlands Provinces and Chivi and Zaka districts in the Masvingo Province.

The paper makes a special focus on the Karanga of Mberengwa for special reasons. Not much has been produced on Mberengwa in the Department of Religious Studies. The most in depth studies are from DPhil Theses by Zachrisson (1978), Dahlin (2001) and Hansson (1996). Students in the Department of Religious Studies have produced dissertations with themes that relate to religious traditions of Mberengwa (Nhongo, 1991; Zijena, 1990; Dube, 1993; Chirenje, 1993; Mabuwa, 1993). Apart from missionary records of von Sicard (1930) Soderstrom (1984); historical references by Ranger (1967), Bhebe (1979), Beach (1980); there is definitely scarcity of material which relates to Mberengwa. Researchers concur that not much has been published that links directly with Mberengwa. All this confirms that the Karanga offer a viable case for study.

Besides, the author was born and bred in Mberengwa at Mnene Mission Hospital. He speaks Karanga and is at home with traditional beliefs and practices in the district. So the paper is based on an “internal perspective.” But the author is also conscious of the fact that an “insider” may not free himself of certain prejudices and thus may not be as “objective” as anticipated.

**Method**

This paper utilises insights from the phenomenological method in the study of religions, such as *epochē*, an unbiased and direct way of studying religion in order to establish the *eidos*, the essence of religious phenomena

(Bleeker, 1954). This involves suspending prejudice or presuppositions and entering into the phenomena sympathetically in order to unearth essential structures of religious phenomena that are authentic to the Karanga.

This approach emphasises the believer as the primary source of data. That means the Karanga believers are understood, respected and credited in order to refrain from imposing on them the author's own value-judgments and thus aims at understanding the Karanga perceptions. Admittedly, the use of the believer as the first testimony of phenomena means that understanding is attained initially by being subjective. However, by putting this approach into practice, the author endeavours to do full justice to the Karanga from the inside view in order to arrive at a scientific description with testable conclusions.

Instead of confining this paper to pure descriptions of the treatments of illness and disease, the phenomenological method allows for hermeneutics, the art of interpretation. Here the principles formulated by phenomenologists play a crucial part in analysing the implications and symbolism embedded within religious phenomena (Bleeker 1954, 1960, 1963, 1975, Eliade 1959).

By utilizing the phenomenological method, therefore, this paper hopes to complement knowledge already acquired on the illness, disease and medicine in the Shona religion. Also, by making use of insights and analytic tools from phenomenology, it will introduce new modes of empirical research into the study of African Traditional Religion and Medicine in the Departments of Religious Studies.

Material used in this paper has been collected through interviews of elders, patients and healers in the traditional context and participant observation of rituals in Mberengwa between 1989-1991. Interviews were conducted in Shona and translated into English. Only qualitative interviewing methods were used because quantitative procedures were complex and invested with numerous problems. In conformity with the traditional Karanga social norms stressing confidentiality on health matters, I refrain from revealing private identities.

Besides interviews as a mode of data collection, participant observation of rituals was undertaken in certain relevant situations. The researcher obtained first hand information by observing and engaging in the activities of the Karanga. This helped him to feel the phenomena from within so as to attain an empathetic explanation of what fundamentally constitutes the subject phenomena. He was able to partake, at a personal level, in the therapeutic rituals and other significant experiences. This methodological device enabled the author to see the Karanga medico-religious beliefs and practices from the point of view of the believers. This was accomplished through staying with them, attaining constant interaction, assessing their actions and behavior and recording all activities by technical devices. Interviews and observations were supplemented by material obtained from published sources in the departments of anthropology, sociology and medicine.

### **Treatment of Illness and Disease**

Treatment of illness and disease in the Karanga society is defined in terms of categories. First, serious illness and disease is treated by varied forms involving herbal treatment, extraction of disease-causing objects and exorcism of undesirable spirits. Second, minor ailments are cured by medicinal treatment. Complementing this system of therapy, the Karanga also subscribe to certain mechanisms of protection and prevention.

### **Serious Illness and Disease**

In the Karanga society, serious illness and disease are perceived of as primarily having their root in personal causality. Thus the cause of serious illness is not confined to the environmental factors and other causal explanations expressed in other cultures. This understanding of the causes of serious illness is instrumental in shaping the form of therapy. *Midzimu* (ancestors) are believed to be a major cause of serious illness as they seek attention. It is imperative that the curative measure takes cognisance of this fact. Thus, the affected parts are inextricably intertwined with action in the spiritual realm. For effective therapy, spiritual guidance is therefore a prerequisite (V. Zindoga, personal interview, 13 September 1989).

### **Herbal Treatment**

The most popular preventive medicine for spiritually influenced chronic illnesses and diseases is a type of plant known as *chifumuro* (exposer). In Karanga, the verb from which it is derived has the connotation of exposing to shame *kufumura*. The underlying conviction in the use of this plant is that it will expose the nature of the illness and disease and neutralise its effects upon the child. This exposure restricts the aggressive nature of the illness so that it is effectively prevented from attacking any child in the family. The *chifumuro* root is tied onto a fiber or a string prepared from the bark of a tree that the diviner recommends after diagnosing the illness. This is then tied around the neck or waist (M. Govo, personal interview, 4 January 1991). Strings around the waist *dumwa* and/or

necks of children are a common sight. The medicine tied onto the string is thus both curative and preventive. Although *chifumuro* is limited to a specific disease, it acts as a safeguard against illness in children.

The illness called *nhova* (fontanel) is a serious one amongst the Karanga people, particularly children. *Chepamusoro* (that which is on top of the head) is due to malicious witches who interfere with the human head. As a result, the Karanga apply different medicines on the delicate part to combat this illness.

It is unlikely that the herbal medicines will be effective before a ritual called *kubata ndiro* has been performed (A. Mhaka, personal interview, 1 March 1990). Meticulous care is taken not to deviate from the diviner's instructions. After consultation with the diviner, the extended family elder collects *rukweza* (grain millet or sorghum) from individual families. Significantly, the choice of *rukweza*, favorite grain used for brewing beer, a drink, associated with the aged, is meant to invoke the ancestor's spirits.

Family elders gather in a hut and one elder puts the grain into an *ndiro* (wooden plate), which is an ancient and thus ancestral symbol. As the families' religious functionary, he performs a series of rites and informs (*kusuma*), the ancestral spirits that the beer is brewed strictly as per their instructions. While preparations to brew the beer are being undertaken, the medicines produced from the diviner are then used. Once the ritual is performed in accordance with the diviner's instructions, then, the herbs will be efficacious. It is, however, necessary for the family to be cautious since this illness is devastating in its effects. On the whole, the ritual is meant to invoke the guardian ancestor spirits to therapeutic action. Thus, the beer of *rukweza* activates the process (A. Mhaka, personal interview, 1 March 1990). As such, the ritual confirms the Karanga's struggle for survival.

*Chipande* or *nhova* (fontanel) has varied symptoms diagnosed by elders or special diagnosticians. The child may vomit after sucking milk from the mother and becomes weak. The eyes turn white. Other symptoms are the presence of sores on the upper part of the mouth. When these symptoms have been positively interpreted, herbal treatment is applied. As one elder said, "Leaves of the *mubvamaropa* (blood letting) tree are burnt. The ashes are mixed with fat obtained from the seeds of the *mufute* (castor oil) shrub. The mixture of the ashes and oil is then rubbed onto the affected part of the head and health is restored". (G. Nyoni, personal interview, 3 March 1991). As the name of the herb *mubvamaropa* (blood letting) suggests in Karanga, the tree oozes 'blood' substance and thus its addition to the concoctions ensures draining of filth. The fat component implies perfection and thus soothing pain (T. Chikuni, personal interview, 17 January 1991).

The problem of the fontanel is twofold. In particular, the gap in the central upper head should be a normal one, neither too wide nor too narrow, since malicious beings can manipulate it. When the gap is abnormally wide, an unspecified thorny tree is used to derive the medicine. The roots are taken and systematically pounded and are mixed with water. The mixture is then stirred using a stick with two branches (*chimuti chine mhanda*) until foam is produced. The general term used by the Karanga to refer to grass, shrubs or trees whose roots produce foam is '*chifuro-furo*'. The plant is used as curative medicine. Actually, the foam is rubbed against the head of the child using the stirring stick. The rubbing of the foam, being part of the therapeutic process, is not done haphazardly. The conception of the illness is instrumental in determining the movement of the stick. The foam is rubbed from the sides of the head towards '*nhongonya*' (centre of the head). This is held to be the genesis of the disease and also its focus of attack. After this process, the gap narrows and the child is healed (T. Chikuni, personal interview, 17 January 1991).

When the gap is narrow, the child will be suffering. Therapy consists in symbolic actions. A chick is taken and an appeal is made to the ancestors to enable it effect healing. It is then used by the oldest member of the family to scratch the head of the patient, moving from the centre of the head, the perceived source of the illness, towards the sides. Through this action the gap widens to a normal position and healing is effected. The use of the chick is significant. In the same manner as it scratches earth (*teta*), pushing all dirt out of the way in search of food, it is also able to eliminate causal factors and restore the health of the patient (S. Hove, personal interview, 16 October 1990).

*Nhova* is a dreaded disease in the Karanga communities. As a result, parents seek powerful protective medicines for their young children. Unfortunately, however, those children who have been medicated pose a serious threat to the health of other children. The unprotected child is believed to fall seriously ill in the presence of sick children. Thus, in the Karanga traditional setting, it is imperative that the infant should not be unnecessarily exposed to others of the same age lest they become ill. In almost every Karanga village there live special women who can neutralise this threat if approached in good time (M. Madhende, personal interview, 24 July 1990).

Another serious disease to which the Karangas are prone is *ndongorongongo* (inflammation of the navel, especially in children). This disease is believed to be caused by evil forces and is lethal if it is not given proper attention. The manifestation of this disease is the convergence of blackish blood vessels at the navel of the child. Precautions needed for successful treatment include non-exposure of the patient's clothes to other people or the environment. Carried within the wind are some malicious spirits that may cause further harm if they come across the clothes. (M. Madhende, personal interview, 24 July 1990).

Protection against the disease lies in tying *chifumuro* to the waist or neck. If this precaution has not been taken and the child falls seriously ill, *munhundugwa* is used.

“The *munhundugwa* (shrub) is taken, cleansed and is placed in water and the mixture is left overnight. It is then given to the child to drink the following morning and some is mixed with the baby's porridge. The exceptionally bitter juice of *munhundugwa* is applied. It neutralises pain” (D. Zhou, personal interview, 4 July 1990).

The Karanga also use a fibrous *gavakava* (aloe) called ‘*chikwenga*’ to combat this common illness. Equally bitter, the Karanga strongly believe that the herb is curative. I have also seen mothers chewing some *mazimbe* (charcoal) that they mix with saliva. The saliva is then put into the food that the patient is about to take and is believed to effect healing.

Another serious illness, called *chipengo* (mental illness), haunts the Karanga. On this illness, the factor of witchcraft becomes real in the Karanga setting. There is a strong ‘givenness’ about the existence of this phenomenon. In terms of therapy for *chipengo*, diviner-healers, prescribe the parasite of *chirovadundu* herb and the seeds of *mufute* (castor oil plant) and other medicinal alternatives as effective.

“Mix the parasite of *chirovadundu* and the seeds of *mufute*. Then put the mixture on glowing embers and let the patient breathe. The use of the herbs *chirovadundu* (that which beats the chest) and *fute* (oil) seeds convey the meaning of conquest of the nuisant spirit and perfection of health respectively. Alternatively, *chikonye* (worm) of a slaughtered ram is crushed and rubbed on the affected patient through *nyora* (incisions). The worm that activates the beast is meant to arouse the victim's consciousness. The patient also takes other curative herbs” (T. Shumba, personal interview, 9 January 1990).

For *chitsinga* (rheumatism) and other complex physical disorders caused by sorcerers, the Karanga recommend *chafixe* herb as highly effective. Most of the preventive medicine is orientated towards this struggle against evil forces, witchcraft or sorcery, which are perceived as being essentially forces of negation. As a result, the *mutarara* tree's part is put in the hair by some individuals when they go to sleep, or patched on the upper part of the door entrance. The aim is to affect the psyche of the witches who may have the person on the ‘hit-list’. The effect of this *mutarara* is to make the witches ‘stupid’ or ‘forget’ bewitching the person who uses this protective device (K. Runesu, personal interview, 10 September 1989).

The types of medicines discussed so far are mainly for personal defense in order to maintain the health of the individual. The Karanga, however, have a holistic perception of the world they inhabit. The individual, whilst making a complete whole, is best understood only in his relation to society to which he essentially belongs. Mysterious pestilences inflicted by evil forces seriously disturb the health of the Karanga family and tribal units. For the protection of the whole family, medicine is obtained from an *n'anga*. According to one elder, some medicine is put in a clay pot that is placed at the various entry points to the home. Roots of *mutandangozi*, (tree that expels *ngozi*), are placed in water and the water is used for washing. The ritual is called *kutsigisa* or *kupinga musha* (strengthening or fencing the home). (C. Maphosa, personal interview, 2 June 1990).

The sole purpose of the protective ritual is to thwart the evil forces by eliminating the causes of illness and disease from the homestead. The medicine, however, is also used for curing wounds and chronic diseases. The defensive barricade is believed to confound the witches or sorcerers when they come to the homesteads to carry out their acts.

The Karanga people also have to grapple with the killer disease *biripiri* (measles). Explanation of the illness lies with the moral consequences of the parents' actions. Accordingly, therapy necessarily entails confession of guilt committed by parents as a supplement to the herbal treatment. Most of the Karanga, however, advocate the naturalist explanation that it is a disease from which the child must suffer at some stage in its growth, and dismiss the notion that measles are due to witchcraft. It is necessary that the child suffer from the disease whilst in the early stages of growth since an attack later on is lethal. The disease is difficult to combat, although *chifumuro* and *hazvieri* herbs go a long way to reverse the symptoms. *Chifumuro* and *hazvieri* mean respectively, ‘the exposor’ and presumably the curer with ‘no restrictions or limits’ (C. Chuma, personal interview, 9 April 1990). A common precaution is to ensure that a child whose symptoms have been interpreted as *biripiri* stays indoors. The child should be prevented both from sleeping in the same room with a promiscuous person and greeting him/her. This is believed to aggravate the illness (C. Chuma, personal interview, 9 April 1990).

Sex-related diseases also torment the Karanga. Such diseases really belong to this era of modernity where, 'no rules count'. The steep rise in sexually transmitted diseases including the killer disease, '*shuramatongo*' (AIDS) is attributed to promiscuity rampant in today's generation (J. Njese, personal interview, 20 April 1990). Western education, with the accompanying absorption of Western values that emphasize individual freedom, is a common factor for some scathing attacks. However, in the Karanga traditional society, serious sex-related illnesses include *jeko* (menstruation pain); *rubaya* (continual ill health); *musana* (back) and *runyoka* (venereal disease). Generally, the underlying causal explanation is in human abrogation of the socio-moral norms of the Karanga.

*Jeko* (menstruation pain) is an illness whereby some women become victims of vindictive spirits meting out punishments on specific violations and thus suffer from acute menstrual pains. However, the disease can be inherited or be passed on from one woman to another. For therapy, *jekacheke* (sharp-bladed grass) and other medicines are effective.

Sadza or porridge, a staple diet of the Karanga, features prominently as the base on which medicinal herbs are placed. The processes of consumption of medicine and overturning or smashing of the pot in the periphery of the home mean accommodation of healing substances and expulsion of the source of infliction. Hence the use of knife or *jekacheke* instruments representing cutting or disconnection is common.

'*Rubaya*' (continual ill-health), is an intense sexually related disease to which men are prone. This disease is complex and lethal and common with married men. If a woman has had a miscarriage, the husband should have sexual intercourse with her as a matter of priority. If the husband is a polygamist, he is bound to suspend intercourse with any of his other wives before attending to the one who has had a miscarriage. If this interdiction is breached, perhaps due to modern 'hygienic' considerations, or other reasons, the husband will definitely suffer from the disease as disregard of cultural norms. For therapy, the Karanga recommend herbs and, above all, prevention of the illness by conformity to social expectations (C. Shato, personal interview, 7 September 1989). It is likely that this interdiction is orientated towards comforting the distraught woman and also to have a quick pregnancy in order to replace the miscarriage.

A severe disease called '*musana*' affects both male and female. Translated and taken literally, it may mean one is suffering from backache. However, the rich symbolism of the Karanga is actually alluding to problems of impotency. For females with child-bearing problems the answer lies with the diviner or herbalist's *kuuchika* (restore fertility) whereby, the womb is 'opened' so that conception is possible. An alternative form of herbal treatment, *ruvande* may apply.

*Ruvande*, meaning 'secret' in the Karanga language, refers to an undisclosed but efficacious herb in accordance with cultural values. The process that the patient undergoes enables heat and smoke to dry up internal wounds thereby preventing *nheura* (flowing back of male sperms). Thus, therapy restores health and guarantees fertility. As such, the patient is liberated from societal scorn on childlessness. As for men, there are many aphrodisiacs at their disposal, called colloquially '*vhuka-vhuka*' (wake-wake). Heading the list are the hooves of a bull (*mazondo*) that are used with the herbs. The *mazondo* are cooked and the mixture is taken with *sadza* immediately before one takes a woman to bed. This process is called '*kusimbisa musana*', that means, increasing sperm production, simultaneously strengthening the sperms and activating the organs, like a bull, hence, the appropriateness of *mazondo* and the sexual stimulant '*vhuka-vhuka*'. This is prompted by the fact that failure to have children is sometimes attributed to socio-moral factors or spiritual forces that weaken the male sperms and render the victim impotent. As a result, women are also encouraged to take some aphrodisiacs as a means of enhancing their performance in the sexual act (N. Gondo, personal interview, 3 December 1989).

*Runyoka* (venereal disease) is another serious disease that is directly related to sexual activities. The causal explanation is promiscuity, a common folly arising from disregard for socio-moral values. Such a disease has its domain over unfaithful men. Husbands, conscious of the 'grab-all' attitude of some men, sometimes treat their wives using strong herbs obtainable from the herbalist. If a pleasure-seeker then has an affair with such a medicated woman, he suffers from a swelling stomach and intensive pain until reparation is achieved. The husband will demand payment for this '*kupwanya ruzhowa*' (literally gate-crashing). If this is not met, the adulterous man will die a slow, painful but sure death just like an AIDS victim (T. Musaigwa, personal interview, 27 July 1990). In this regard, the Karanga perceive AIDS as a form of *runyoka*.

Another form of *runyoka* involves a couple that has been caught red-handed after failing to extricate themselves as a result of medication. Therapy consists of the husband applying medicine intended to disentangle the two. The wife is re-medicated as a trap for further mischief. Finally, retribution is undertaken usually by beating up the man and demanding payment (E. Ngwenya, personal interview, 21 February 1991). The term *runyoka* literally means 'snake'. In that sense, the Karanga concern is geared towards the elimination of a poisonous or deadly disease that threatens the health of the community.

### Extraction of Disease-causing Objects

The Karanga express a strong belief in ‘magical objects which are inserted into human bodies by the witches and sorcerers and diagnosed by the diviner as worms, insects, animal skins, eggs, hair, and feathers. Such objects are perceived as disdainful intrusions that inflict pain and may cause permanent incapacitation of the victim. In that respect, traditional therapeutic techniques based on physical removal of the object(s) and ultimate restoration of health in a ritual context are applied under the directive of an *n'anga*. Such techniques include *kuruma* (to bite); *kukwiza* (rubbing); *kuvhiya* (surgery); and *kupfungaidzira* (blowing smoke) over the affected parts. In whatever way, the practitioner definitely extracts the bothersome objects and displays it for public viewing (T. Musagwa, personal interview, 27 July 1990).

The extraction of objects may supplement herbal treatment. For instance, a patient complaining of *chiposo*, a painful illness identifiable by the physical disorder it causes, approaches a diviner who diagnoses malicious sorcerers as culprits. For therapy, the diviner-healer applies *gavakava* (aloe). Then, he uses a sharp pointed stick to prick the affected part, in the same presumed manner as the sorcerer did in inflicting pain. In the Karanga belief, this therapeutic technique is employed in order to neutralise or kill the disease-causing object. Thus, extraction of disease-causing objects is effective in the Karanga's on-going vicious onslaught against serious and recurrent illness and disease, and to restore the health of the individual and his group.

### Exorcism of Troublesome Spirits

The Karanga people believe that when a spirit is diagnosed by a specialist, as having invaded a person thereby causing serious illness and disease, numerous exorcist measures are employed in an attempt to drive away or neutralise the intruder, such as blood-letting, emetics or purgatives and sniffing.

One serious disease, which haunts children in particular, is called *buka* (convulsions). This is a disease that affects those children who are easily frightened and are very nervous. In Karanga, they are referred to as ‘*vane hana nhete*’, meaning those who are easily frightened. This disease is closely connected with witchcraft and many people believe such patients are actually the victims of witchcraft (E. Hungwe, personal interview, April 30, 1990). It seems as if no permanent curative medicine is known although *mbanda*, powdered stuff derived from a weed, is burnt in order to drive away the evil spirits whenever the child cries incessantly. *Nyora* (incisions) are both curative and preventive (G. Muchipisi, personal interview, May 1, 1990). Their preventive nature is not only limited to *buka*. In making these incisions the diviner will be symbolically driving out the evil spirits from the patient.

An alternative form of treatment for *buka* is to burn *mbanda* weed and use the cut at the same time. Whilst in the former mode the smell of the herb is believed to be repugnant to the evil spirits which frighten the child, here, the ashes are rubbed on the cut. The herbs that are burnt in the exorcism are normally procured from a *n'anga* but they are also known by the elders of the community. This disease is also said to give in to medicines, said to ‘strengthen the heart’ (*kutsigisa hana*), which are prepared from the fat of a lion, an animal which represents bravery. As a preventive, children are supposed to abstain from eating eggs. It is believed that as chicken wanders through the country side, so too would the child who eats egg panic unnecessarily (G. Muchipisi, personal interview, May 1, 1990).

Serious illness and disease in the Karanga setting is not, as indeed in all societies, limited to children only. This cuts across all age groups in society. The most recurrent causal factors are the witches and the ancestors. For instance, a person who is thought to have been bewitched is referred to as ‘*aisirwa mamhepo*’ (G. Mabika, personal interview, 19 January 1991). The Karanga term, ‘*mamhepo*’ is sometimes used synonymously with the word ‘*munyama*’, and both imply misfortune. In these instances, misfortune and illness persistently plague an individual and his health is shattered. Restoration is achieved through the use of the ‘*mafunga-mafunga*’ roots which are burnt and whose smoke will fill up the house in which the patient sleeps. This is done just before the diseased person goes to sleep. This is an exorcism that casts away the tormenting spirits. Faced against the formidable smell of the roots, the spirits are believed to submit and exit quickly. The liberating power is manifest through the twitching and shirking of the patient as he struggles with the evil spirits (G. Mabika, personal interview, 19 January 1991).

### Minor Illness and Disease

There are illnesses and diseases whose cause is not necessarily attributed to the spirits, witches or contempt of the socio-moral norms. Such ailments are perceived as short lived so that home curative medicines administered by elders with elementary knowledge of herbals can suffice. However, this does not rule out the expert services of an *n'anga*, the specialist on medicinal treatment of ailments.

## Medicinal Treatment

Common illnesses that cut across the Karanga communities can be simple headaches. They result from natural conditions, and the most effective therapy is *kufuka* (cover over). In the process, *ibwe remusarasara* (quartzite) is taken and is placed on fire until it is red-hot. This stone is used with water that has been boiled in a clay pot. The bark of the *chidyambanje* and *munhuwanhuwa* herbs that produce a pungent smell, are also included in the pot. The patient and the pot are then covered with a blanket with the red-hot stone in the clay pot. The steam that comes from the clay pot is believed to be curative. The pungent smell of the herbs, coupled with heat, suppresses the responsible harmful micro-organisms and revitalises the sufferer (G. Muchipisi, personal interview, May 1, 1990). The shrub called *mutika* may also be boiled in water and is used to cure headaches. Here, the patient need not be covered with a blanket but therapy is effect by inhaling a small amount of the steam. The herb is said to be quite powerful and is prescribed by many herbalists. *Nyora* (incisions) are also used to cure headaches as the incision on the forehead or the side of the head is believed to be an outlet for the illness.

Stomach problems, a common experience among the Karanga, are attended to by many and varied modes of traditional treatment. Emanating from 'the ground' the stomach illness can be resolved by recourse to herbs. A common medicine used is '*karibekandu*', the bitter bulb of a shrub.

"The bulb is crushed and is put in water that is drunk by the patient. Treatment of stomach problems, however, depends upon the nature of the problem. If one has a running stomach, therapy consists of stopping this watery waste and if the problem is one of constipation, medicines that promote digestion have to be used. The bark of *mugan'acha* tree is also popular as medicine for stomachache" (S. Chikati, personal interview, 13 February 1991).

*Bombwe* is also quite effective. Baboon waste may be used after being mixed with water to prepare sadza. In spite of the varied remedies, all serve a common purpose to ameliorate pain. Most of these medicines are derived from edible fruit-producing plants, thereby concretising the promotion of health in society.

*Musana* (back-bone problems), though a mild form of illness, has quite a unique treatment. In the Karanga perception, the donkey is a beast of burden. Its back is held to be particularly strong and when a donkey dies its back-bones are kept. When one suffers from backache, these bones are crushed, *nyora* are made and the powder from the donkey's bones is rubbed onto the back of the patient (S. Chikati, personal interview, 13 February 1991).

*Maronda* (wounds), by virtue of having a natural causal explanation, fall in the category of minor diseases. Wounds are treated by slippery medicine, and also *munhanzva*, a shrub or *soso*, a creeper. The leaves of the plants are rubbed against each other and the slippery substance is smeared onto the wound. The effect is to drive away the disease, dry the wound and facilitate recovery (A. Mhere, personal interview, 4 November 1989). *Gavakava* (aloe) is also used to treat wounds. When the leaf is broken, a juicy liquid oozes out and this is smeared onto the wound that quickly dries up. Thus, *gavakava* catches the attraction of practitioners as a curative medicine.

*Dzibwa* (flu) features as a common disease amongst children. Bearing a naturalist causal explanation, the Karanga rely on the options of medicinal treatment. The herb *karibekandu* is most effective. The leaves are boiled in water and the patient drinks the fluid regularly. However, this herb alone may only be effective in combating mild illness. In the Karanga belief, the curative power of *karibekandu* lies in the effervescence characterising the medicinal concoction (G. Mabika, personal interview, 19 January 1991).

Other curative medicines recommended by the interviewees include *muzeze* or *mupfachamuka* trees and *chidyambanje* shrub. These medicines are heated on glowing amber and the patient inhales the smoke thereby discharging *ziya* (sweat), *misodzi* (tears) and *dzibwa* (mucus) as positive signs of a cure.

Another minor illness attributed to natural factors amongst the Karanga, particularly children, is called *magwirikwizha* (mumps). The region behind the ears and neck swells. As a result, children can be seen walking with mealie cobs tied around their necks. This is believed to drive away the disease and to protect the person. It is also believed that the cob is spiritual endowed by benevolent spirits who act through the object to conquer the illness. The cob, extracted from maize, the main source of food for the Karanga, symbolises survival and prosperity of the believers (T. Musaigwa, personal interview, 27 July 1990). Thus, even illnesses that are not believed to have spiritual causes are also treated from a religious perspective.

In our endeavour to establish the religious "implications" of the Karanga religion, we attempt an interpretation of the meaning of phenomena by an analysis of what phenomenologists refer to as "wider connections", "unity", and "symbolism" deeply embedded in religious phenomena.

## Interpretation

Research on the Karanga religious phenomena shows that ritual activity entailing the rites of passage and communal rituals performed appropriately; maintain the relationship between the living and their departed seniors that allows for a comfortable, harmonious existence devoid of *zvirwere* (illness and disease).

Examining the Karanga therapeutic system more deeply, we realise that it uses available medicines as resources to produce healing. In line with tradition, the administration and prescription of drugs and herbal medicines is the domain of the herbalist. However, this skill is also accessible to elderly members of society, enhancing the idea of corporate responsibility for the benefit of society. What is striking about the traditional therapeutic system is that the herbal nomenclature is apt and meaningful, at least from the believer's interpretation. Although the explanations may sound rather secular, the adherents attach deep religious significance that relates to the whole understanding of their spiritual cosmology. For instance, the herb called *chifumuro* that is used to cure an unspecified chronic illness is derived from the verb *kufumura* that is "to expose to shame". As such, it is perceived as capable of exposing and thus weakening illness in a patient. Similarly, a herb used for the treatment of *biripiri* (measles) is called *hazvieri* which means "unrestricted". In the Karanga interpretation, such an herb destroys the problem without restrictions. Also, the natural characteristics or properties of certain species explain the therapeutic value of the herbs. *Nhundugwa* (shrub) and *gavakava* (aloe), because of their bitter taste, are regarded as capable of overcoming *ndongorongo* (navel inflammation). Likewise *jekacheke* (sharp-bladed grass) is viewed as effective in eliminating menstrual pain. Here, we unearth a meaningful herbal etymology that the Karanga consider as invested with curative potential. Whilst herbal medicines vary according to the complaint, a fundamental unity is obtained in the desire to vanquish the undesirable *zvirwere* and restore the Karanga individual and subsequently societal *utano* (health).

**Table 1:** Common and local names of some illnesses and diseases in Zimbabwe

Common name	Local name	Common name	Local name
Backbone	Musana	Hemorrhage	Kubuda ropa
Bile	Nyongo	Infertility	Ungomwa
Bilharzia	Chapfunga	Legs	Makumbo
Bleeding	Kubuda ropa	Lameness	Kuremara
Blindness	Upofu	Leprosy	Maperembudzi
Boil	Mota	Madness	Upengo
Breasts	Kuvhunika	Measels	Gwirikwiti
Burnings	Rutsva	Mental retardation	Kuzungaira
Cataract	Shanga	Misfortune	Munyama
Chest	Chifuva	Mumps	Chimumumu
Conjunctivitis	Maziso	Neck	Mutsipa
Coughing	Gosorwa	Nightmares	Maroto
Convulsions	Buka	Oedema	Kuzvimba rutivi
Deafness	Matsi	Paraplegia	Mhetamakumbo
Deformity	Chifo	Placenta	Chibereko
Diabetes	Chirwere cheshuga	Pneumonia	Chibayo
Disability	Urema	Rash	Munyaviri
Dizziness	Dzungu	Small pox	Chibhokisi
Ears	Nzeve	Snake bite	Kurumwa nenyoka
Epilepsy	Tsviyo	Snoring	Magwiriri
Fatigue	Manyaro	Sprains	Kuminyuka
Fits	Zvipusha	Squinting	Kuchonyoroka
Flu	Dzibwa	Stomach ache	Mudumbu
Fontanelle	Chipande/Nhongonya	Swollen body	Kuzvimba muviri
Goitre	Gurokuro	Tuberculosis	Ruriti
Gonorrhea	Chizonono/Siki	Urination	Kuweta
Headache	Chitemo/Musoro	Venereal disease	Siki/Njovhera
Heart problem	Chirwere chemoyo	Winds	Mamhepo
Hemiplegia	Kuoma mutezo	Whooping cough	Chikosoro chorutakatira
		Wound	Ronda



## Conclusion

As perceived from the adherents' convictions, the Karanga have at their disposal a system of therapy and prevention of chronic illness and disease that entails communication with guardian spiritual entities. This is manifest in the modes of treatments administered by medical practitioners and experienced elders such as herbal treatments, extractions and exorcisms. The overriding aim is to cure illness and disease and restore health (See Table 1 for a summary list of the common illnesses and diseases). It has been noted that in the entire system of healing, the individual is not left alone to fend for his or her own life. Group-participation is involved and it facilitates the process of treatment. In the event of chronic illness and disease, the Karanga pursue what C.J.Bleeker calls, "the holy action" that entail invoking spirits, sacrifice etc in quest for health restoration. All this activity, in the Karanga therapeutic context is not without meaning. Such actions amount to an invocation of spirits who, the Karanga believe, are instrumental in establishing favourable conditions so that peace and stability prevail. Thus far, an analysis of the symbolism and religious implications of the Karanga traditional system of therapy shows a meaningful, efficacious practice bent on eliminating illness and disease and restoring health.

My findings in this paper relate to an extent, with a number of studies focusing specifically on the Shona medical therapies in Zimbabwe such as Gelfand (1947, 1956, 1962, 1965), Gelfand 'et al' (1985) Bourdillon (1976), and Chavunduka (1978). Therefore, the relationship established with popular contemporary studies from within world-views of the Shona adds weight to my findings in this paper.

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